

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/03/2020
NAME OF PROVIDER OR SUPPLIER Dwelling Place at St Clares		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Blackwell St Dover, NJ 07801	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review it was determined the facility failed to change ventilator tubing according to facility policy in order to prevent infections for residents with tracheostomies and ventilators. This deficient practice was identified in Resident #16 and Resident #11, 2 of 4 residents reviewed for [MEDICAL CONDITION]/ventilator care and was evidenced by the following:</p> <p>1. On 12/30/19 at 10:15 AM, the surveyor observed Resident #16 in bed with their eyes open. The resident had a [MEDICAL CONDITION] (an opening in the neck to place a tube that allows air to enter into the lungs) and it was connected to a ventilator (machine to support breathing). The blue tubing that went from the resident's [MEDICAL CONDITION] to the ventilator was dated 11/7/19. The surveyor observed a nightstand next to the residents bed. On top of the nightstand was a portable ventilator. The blue tubing on the portable ventilator was dated 11/3/19.</p> <p>Review of Resident #16 Admission Sheet indicated the resident was admitted to the facility on [DATE] with a medical [DIAGNOSES REDACTED]. The residents Brief Interview of Mental Status was 99, meaning it could not be completed related to severe cognitive impairment. Review of the residents Minimum Data Set (MDS), a quarterly assessment tool dated (MONTH) 7, (YEAR) indicated the residents functional status was a two person physical assistance for personal care and the resident had a [MEDICAL CONDITION] and mechanical ventilation.</p> <p>On 12/30/19 at 11:00 AM, the surveyor interviewed the residents nurse, a Registered Nurse (RN), regarding the facility process and policy for ventilator tubing changes. The RN stated she was not sure of the policy and it was the respiratory therapy department that responsible for changing the ventilator tubing.</p> <p>On 12/30/19 at 11:54 AM, the surveyor interviewed the respiratory therapist regarding the policy/procedure for changing tubing to the ventilators. The therapist told the surveyor that the tubings were changed monthly by the respiratory therapy department.</p> <p>On 01/02/2020 at 10:30 AM, the surveyor reviewed the facility policy titled Ventilator; Standard of Care. The policy was dated 03/19/2019. Under the procedure section of the policy it indicated that the circuit (tubing) would be changed when soiled or every thirty days.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/02/2020 at 11:00 AM the surveyor interviewed the Director of Nursing (DON) and the Administrator regarding the ventilator tubing (circuit) and both the DON and the Administrator stated they were changed when soiled or every thirty days.</p> <p>On 01/03/20 at 10:07 AM, the surveyor reviewed a physician order [REDACTED].</p> <p>2) On 12/30/19 at 10:15 AM during the initial tour of the third floor unit of the facility, this surveyor observed Resident #11 in bed awake and alert using his/her personal laptop computer. Resident #11 had a [MEDICAL CONDITION] connected to a ventilator (machine used to support breathing). The surveyor observed that the blue tubing that is connected between the [MEDICAL CONDITION] and ventilator was dated 11/7/19.</p> <p>Resident #11 was admitted on [DATE] to the facility with a [DIAGNOSES REDACTED]. According to the Minimum Data Set (MDS), the resident had a BIMS (Brief interview mental status) of 15. Resident #11's care plan indicated that the resident is at risk for developing an infection due to his/her Ventilator dependence. The resident's active physician orders [REDACTED].</p> <p>On 12/30/19 at 10:40 AM, the surveyor interviewed a staff Registered Nurse on the unit regarding the policy for the care of the ventilator tubing, such as the changing and dating of the ventilator tubing. The Registered Nurse said, I think they are changed every month by the respiratory therapist.</p> <p>On 12/31/19 this surveyor asked the Director of Nursing (DON) for a policy regarding the Care of the Ventilator tubing. On 1/2/19 at 11:37 AM, the DON provided a copy of the policy titled Ventilator; Standard of Care, with subtitle Respiratory Care Services, dated 3/19/2019. According to the policy, Procedure number 1 All ventilators will be assembled, maintained, and processed by the Respiratory Care Department. In Procedure number 10, the policy indicated, to maintain the integrity of the circuit by changing circuit when visibly soiled and/or every 30 days.</p> <p>NJAC 8:39-19.4</p>		